

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 174
Registered No. 17

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillian June Johnson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Nov 16 1928
Month Day Year

8. FATHER
Full name Lee Eugene Johnson
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Luamcar
(State or country) N.M.

13. Occupation Miner
Nature of industry Copper smelter

14. MOTHER
Full maiden name Paul Mae Cook
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Alma
(State or country) N.M.

19. Occupation House wife
Nature of industry

20. Number of children of this mother _____ } (a) Born alive and now living _____
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____

21. Were precautions taken against oph
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:15 m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Hueston
Hayden Arizona
(Physician or midwife)

Given name added from _____ Address _____
a supplemental report _____ Month, day, year _____
Registrar _____ Filed Nov 17 1928 WTD Dmhl Registrar

315-1116-632